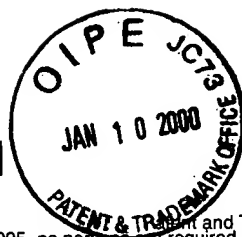


Please type a plus sign (+) inside this box → ☐



RECEIVED

JAN 12 2000

PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	08/892,347
Filing Date	7-14-97
First Named Inventor	GERSHFELD, JACK
Group Art Unit	2711
Examiner Name	REUBEN M. BROWN
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
VLADIMIR KHITERER	P-46,168

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Vladimir Khiterer		
Address	Law Offices of Vladimir Khiterer		
Address	2102 Business Center Drive, Suite 130		
City	Irvine	State	CA
Country		ZIP	92612
Telephone	(949) 631-6161	Fax	(949) 650-1703

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	JACK GERSHFELD
Signature	
Date	1/3/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.